Candidate Intention Statement	Type or Print in Ink.	Date Stamp SAN B	CALIFORNIA 501
		C	FORM For Official Use Only
Check One: Initial	(Explain)	2005 APR	22 PM 1:55
		-	
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (optional)	ional)
James I. Monahan	(805) 643-4275	305 ) 653-5862	
STREET ADDRESS	CITY	STATE ZIP CODE	
756 TENNYSON LANE OFFICE SOUGHT (POSITION TITLE) AGENC	Ventura Y NAME	CA 93003  DISTRICT NUMBER, if applicable.	KNON-PARTISAN
	f San Buenaventure		ARTY:
OFFICE JURISDICTION	1 Jan Buchaveneure		
State (Complete Part 2.)		11/2005	•
☑ City ☐ County ☐ Multi-County: ———	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Year of Election) Primary/general election (Year of Election)	Speciallrunoff election		
(Check one box)  I accept the voluntary expenditure ceiling for the	election stated above.		
☐ I do not accept the voluntary expenditure ceiling	for the election stated above.		
Amendment:  O I did not exceed the expenditure ceiling in the general or special run-off election.	ne primary or special election held on:	and I accept the voluntary	expenditure ceiling for the
	4 4 5 1 E		
(Mark if applicable)			
On/, I contributed personal fur	nds in excess of the expenditure ceiling for the e	election stated above.	•
3. Verification:	Λ		
I certify under penalty of perjury under the laws of	the State of California that the foregoing is true	and correct.	
Executed on	Signature (Capitala	outon	

FPPC Form 501 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CANDIDATE INTENTION STATEMENT